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DR. COALE'S TREATISE ON UTERINE DISPLACEMENTS.

[Continued from page 254.]

ABDOMINAL SUPPORTERS have varied as much in their fashion as pessaries, though there are few principles concerned in their construction or employment. Some are belts, buttoned or laced around the hips and over the abdomen. Others consist of an adaptation of springs, furnished at particular points with pads, some of which keep the apparatus in place, whilst one large or two smaller ones, just over the pubis, are intended to act upon the uterus, and by making forcible pressure there, keep that organ from slipping down. Such, in brief, is the rationale of the construction of a variety of contrivances whose name is now legion. Some have spiral-spring pads—others concave pads—others horn ones—and so on; but they all amount to the same thing above sketched.

These affairs are now so generally worn, that opportunities of observing the effects of them are very plenty, and the result of availing oneself of such opportunities has brought us to the conclusion—possibly surprising to others—that in not more than one case out of six does the supporter retain the uterus in place. These numbers are not given from accurately recorded cases, but we are certain that they cannot be far from right. To be sure, in some of the six cases the instrument is not needed so far as the uterus is concerned, for in fact no displacement of it exists, and the instrument is adopted at the recommendation of some unprofessional friend, in consequence of an error caused by feelings of debility which the instrument does remedy. In the cases upon which we make this assertion, it had been used too short a time to have produced a cure. In the cases remaining, the uterus often remained prolapsed, because, as we above explained, the line of pressure was too high to act beneath the body of the organ—yet the instrument was a comfort in sustaining the contents of the abdomen, disposed to sink down from relaxation of the walls. In some, we found the supporter decidedly hurtful, and its name a misnomer, for if it did not actually force the organ down, it tended to keep it so.

We have used supporters in very few cases with a view of directly supporting the uterus, for we think it will be found that in very few, comparatively, can it be so supported; but we have found them very serviceable in assisting to restore tone to the abdominal walls and their contents, and also sympathetically to the organs within the pelvis. Using

them in this way, they act in the same manner as bandages on a feeble limb—supporting the muscles and other tissues, until they gain one elsewhere, but which would not be so readily gained without such support. Having this in view—and also an ever-ruling principle with us, to simplify everything as much as possible—we have added ourself to the number of contrivers of abdominal supporters. Ours consists of a belt of Dowlas linen, cut bias so as to "give"—three inches wide behind—becoming broader as it passes forwards over the hips—and six inches wide in front where it laces up. On each hip there is a *gore*, so as to fit it to the shape. In front, the line of it is horizontal above—but cut to the line of Poupart's ligament and the pubis below. From two inches back of the lacing on the upper edge, passing down to *just* back of it at the lower front corner of the belt, there is let into it a strip of sheet brass about half an inch wide. This should not be thick enough to be heavy, but sufficiently so to keep its curve, when once fitted to that of the abdomen. This, like the pessary, is as simple as possible, and any woman of ordinary ingenuity could fit herself with it. She should have two for a change.

This is the belt which we use in connection with the pessary; as even where its other offices are not particularly wanted, it sets so well as to fully repay in comfort for the trouble of making it. We have been much gratified at the number of instances in which we have seen the more complicated and expensive supporters thrown aside, and preference, after trial, given to this simple affair. It may be well to add, that if our views are correct, and it is a general supporter to the muscles that is wanted, rather than a doubtful sustainer of the uterus—a broad belt, like the above described, gives much more equable and uniform support than any series of pads could.

For cases in which cure is out of the question, and prevention of protrusion is the only object in view, the pressure of a pad upon the external labia has been found very effectual. Dr. Hamilton's contrivance for this was a simple T bandage, or belt and perineal strap, the latter supporting the cushion [Practical Observations, p. 25]. Dr. Annan, formerly of Baltimore, used a spring like that of a truss around the hips, and to this was attached another at right angles, passing down in front of the pubis and furnished with a pad at its extremity—[Amer. Jour. of Med. Sc., Aug., 1836]. On general principles, we should prefer the first.

Having thus disposed of mechanical contrivances, we will now see what surgery essays to do for uterine displacements.

Dr. Hamilton, in his strong objections to pessaries, detailed in his Practical Observations, before advising the contrivance just mentioned, suggests narrowing the calibre of the vagina. This he attempted himself in one case by introducing into it a ball of "*emplastrum ceral*," and a second time a bag of alum. Inflammation and sloughing followed, but no adhesion or narrowing. In another case he got Mr. Liston to bring together the walls of the passage by ligature; but after much suffering, no benefit was attained. Langier made the same attempt with actual cautery and with nitrate of mercury, but was equally unsuccess-

ful—[Sur le Cauterization du Vagin au fer rouge—Encyclog. des Sc. Med., Sept., 1838]. We are, however, under the impression, though we cannot now recall the authority, that he did effect his object with nitric acid.

M. Girardin suggested an operation like that of Hey and of Dupuytren for prolapsus ani—removing a strip of the vaginal mucous membrane by the knife, and bringing the edges of the wound together with sutures. This has now been frequently performed by different surgeons with great success. They exhibit some slight variation in the operation. Thus, Dieffenbach removed a strip on each side—Marshall Hall one in front. Dr. Ireland [Dub. Jour. Med. Sc., vol. vi., p. 484] has performed it twice—in the first case taking one broad strip from the side; in the last, one from the back and another from the front. The removal should include nothing but the mucous membrane. The incisions should embrace a very acute triangle, with the base towards the external labia. Three ligatures generally suffice. The one nearest the os uteri should be tied first, and the uterus reduced as each is tied in succession.

The hemorrhage is slight, as is also the pain except when dissecting near the labia. The subsequent inflammation must be combatted with the usual antiphlogistic means, among which cold water injections are very useful, and should be given three times a-day. This operation is termed episiorrhaphy. The only objection to it is, that, in child-bearing women, the course of the incision might be re-opened during delivery; but Dr. Fricke, who has cured three out of four cases by it, says that he delivered one of these without the slightest accident. Where the patient is beyond the period, a modification of the operation has been used, having in view the prevention of protrusio. It consists in obtaining an adhesion between the external labia to some distance within. This has been done by Dr. Geddings, of South Carolina, with success in several cases—[Amer. Jour. of Med. Sciences].

As a last resource, surgery, failing in its highest aim, has removed the prolapsed organ in one case where reduction was impossible. The operator was Dr. Toogood, of Bridgewater in England. The patient was 60 years of age. The result was a great relief to the sufferer, who bore the operation well. It will be recollected that we have already mentioned a case where nature resorted to the same means of relieving prolapsus, and with success. The number of cases of excision of the uterus which are now on record, enables us by this time to pronounce upon the operation. So far as danger to the patient is concerned, it is not as objectionable as many others which are unquestionably among the justifiable efforts of surgery. It has other bearings, however, which must always have a strong modifying influence with the physician—a controlling one against its performance except in a very few, exceptional, cases.

This comprises all the local treatment for uterine displacements which we think merits attention. It is not, however, all that we can expect to do for these affections. A very important part of our care yet remains in that addressed to the general system.

Much that would otherwise come under this head, has already been anticipated in our disquisition upon the causes that lead to the disease.

Of course in our essay to cure, we must first remove any cause that may still exist, and alter all those circumstances that originally led to the morbid condition—or that still tend to its continuance. This will induce a rigid scrutiny as to whether the laws of hygiene be habitually and strictly complied with, more particularly those which we pointed out as so liable to be disregarded by the female sex. Upon only one point concerning these do we now think it necessary to say more, and upon this but little.

In speaking of dress as a cause, we quoted largely our previously published views, and corroborated them with the results of our more recent and fuller experience. We will now only add the method in which we remedy evils from this source. When a case of uterine displacement presents itself to us, after insisting upon the free and gentle yet thorough evacuation of the bowels once a-day, as an absolute necessity if cure is desired, we next insist on a complete alteration of the dress, by which all its objectionable peculiarities are remedied. Where the disease is not urgent; where it has not continued long, and the rest of the system still preserves its tone, if we cannot go farther, we require that a light under jacket shall be worn, to which all the skirts shall be buttoned, and by thus sustaining them, relieve the hips and abdomen almost wholly of their weight. This is a modification greatly for the better; but there is a still greater one which we enforce where the disease has continued longer, and where the general system has suffered so much from it as to demand in its favor *every* advantage, no matter how trifling. We urge that warmth and comfort be attained entirely by loose drawers, buttoned to the jacket just mentioned; and that over these only one light skirt—say a starched cotton or a grass cloth one—be worn beside the outer dress. In other words, that the woman be dressed just like a boy in jacket and trowsers—covered after this with her outer garments, for propriety and grace. This is, we confess, a very thorough change, and many might call it an unnecessary exaction; but we do not think so, nor does one of the many patients who have submitted to it. On the contrary, they have without exception used the most unqualified terms of praise—often approbatory to an extravagant degree, in assuring us of the comforting effects of it. It not only attains the immediate end of relieving the uterus, but it gives a freedom to the whole person, ensuring more warmth with but half the former weight of clothing.

Another point in dress requires, as we have already hinted, attention; the legs and feet *must* be warmly clad. This may be effected in the way most agreeable to the patient, but we say with emphasis, it *must* be done.

[To be continued.]

PROFESSIONAL REMINISCENCES OF FOREIGN TRAVEL.

[Continued from page 309.]

FROM the museum I went to the great hospital under the care of Dr. C. Pfefhl, to whom I had a special introduction from Sir James Wiley, and from whom I received the most welcome and useful attentions. The

hospital contains 1800 beds. There were 1109 patients at the time of my visit, July, 1852. The diseases were:

Acute and Typhoid Fever,	259	Scrofula,	28
Pulmonary Diseases,	160	Syphilis,	107
Ophthalmia, Egyptian and common,	100	External Diseases,	172
Chronic Internal Diseases,	157	Scabies,	66
Rheumatism,	60	Total,	1109

Of these, besides soldiers,

Officers,	23	To be discharged from service,	36
Boys,	69	Discharged,	64
Soldiers to undergo punishment,	31	Wives of soldiers,	50

The *résumé* of two years, of the whole operation of the hospital in its medical department, is thus:—

	Remained.	Received.	Discharged.	Dead.	Remained.
From Nov. 1, to Nov. 1, 1850,	743	9067	8106	720	983
From Dec. 1, to Dec. 1, 1851,	865	9711	8902	781	923

There is a difference between the *remained* of 1850, Nov. 1, 983, and the *remained* of Dec. 1, 1851, 895. This difference may be explained by the discharges or deaths which may have happened between Nov. 1, of one year, and Dec. 1, of the other—namely, one month.

I desired Dr. P. to give me these statements or statistics of two years, for comparison. And it is worthy observation how nearly they correspond, in the proportionals of numbers received and discharged—of deaths and remaining. There were diseases which I suppose belong to the chronic class, which much interested me. One of these was dry gangrene. It occurred in young men, in whom this disease is not ordinarily met with. It was observed only in the lower extremities, and in the lower parts of these, for instance the ankles. Another disease was scurvy, the disease being very much the same with that which is observed in ships after long and exhausting voyages, without vegetables on board. The Russian soldier has only vegetable food allowed him. It consists mainly of one article, black bread. It is a question how far such diet, unchanged, may predispose to, or produce the disease.

There was an insane ward. I did not learn how many patients were in it. The Hanwell system of *non-restraint* obtains fully here; and though a suggestion was made to me before entering the ward that I might be incommoded by the manners, or their want, of some of the patients, I met with no annoyance whatever. They were perfectly free, in a large room, and seemed very comfortable and quiet.

The wards for pulmonary diseases were very interesting to me. Here were cases of gangrene of the lungs, the physical signs of which were well marked. For the most part the diseases were chronic, as phthisis, &c. Auscultation was practised in all cases, and the manner was peculiar. This especially regarded the respiration and cough. I have never met with such *voluntary* or *forced* breathing before. It was loud in an absolutely startling degree, and the characters of the sounds indicated lesions as I have never before observed, or seen described. The cough was as remarkable as the breath, and my conclusion was that both must

have been produced by practice, an extension of the *drill* which was novel. It gave the patients no visible discomfort to breathe and cough thus, and for diagnosis it was admirable. The object was so *magnified*, that it could not fail to be noticed, and the diagnosis thus obviously aided.

The whole culinary arrangements were excellent, the food perfectly good, and adapted to diseases and their stages. I was walking with Dr. Pfehl in the grounds, when some servants came along with food, for soldiers and officers, in large trays. It was covered with plated dish covers, and in perfect order. The men were stopped, the dishes opened, examined and tasted. It seemed to be as well prepared as could be demanded any where.

I have not spoken of the architectural arrangements of this great establishment, but they failed in nothing of the excellence and fitness observed in other hospitals. It was as neat, as clean, as well aired as are all others in Russia. Every thing told the same story of the care and science which had been used in its whole construction. It stands alone in a large plain, and in its vast dimensions, and whole management, cannot but command one's admiration for itself, and reverence for its Imperial founder. I feel deeply indebted to the gentleman who so courteously gave me his time, and did so much to make me acquainted with his important charge. He speaks many languages, English, French, German, perfectly; and in his accounts of cases, and references to pathology, showed how faithfully he had studied medicine in the best of its literature. The Report now before me, and from which I got my statistics of the hospital, is printed in the Russian language. Dr. P. very kindly gave me a full translation of it in English.

From Russia I proceeded to Denmark. Copenhagen was a new region. Every thing showed that in a few hundred miles a great step had been made towards the completeness of social institutions for individual comfort, and progress. It is an excellent city, and has in it objects of great interest. I went to Copenhagen, in part, to see Thorwaldsen at home. He is dead, but here are his works for admiration, reverence, and everlasting memory. Here are the models from which were made his sculptures—his finished and unfinished works which at the time of his death were in his possession. His collections of engravings, paintings, books, &c.—all that was his, is here, in this magnificent dwelling-place for the highest art, erected for it; and there, in the large quadrangle which it forms, lie the remains of Thorwaldsen, the exact place marked by a slight enclosure of granite, say six or eight inches high, which bears on its sides, his name—his birth-place—the day of his birth and death, and in it are beautiful flowers always growing—the fitting coronation of such a genius, and such a life.

I visited two large hospitals in Copenhagen. One of these was a city hospital, and arranged very much as such institutions generally are. The medical officer resides in the house, and is followed by pupils at his morning visit. I made mine at this time. The number of patients was large, and they were well provided for. The maternité especially engaged my attention, and from the resident physician I learned much of its history. It is large, and can contain many hundred patients. It has

suffered much from puerperal fever, and substantial efforts have been made for its prevention. Success attended, and has continued to follow them. The principal feature in the plan pursued, is insulation—the insulation of the hospital, or of its wards, and so of its patients. The hospital is divided into two parts. One of these is occupied half the year, the other remaining empty. This last is painted, whitewashed, &c. &c., the furniture renewed, free ventilation secured—so that when it is again used, it has all the characters of a new house. Each patient has a room to herself. The room is very high, and of ample dimensions in length and breadth. When a patient leaves a room, every article of furniture is taken out—the bed made over—the hair washed—in short, every means used to make the apartment and furniture as clean and as pure as possible. Ventilation is thus provided for. Air is admitted from abroad in sufficient quantities. An opening is provided for the constant escape of air. A tube proceeds from this to a large foul air chamber in the highest part of the hospital. From this chamber a chimney descends to a room in the cellar, in which is a fire-place on the top of a brick structure which stands in the middle of this room. The only air for keeping this fire alive comes down upon it from the foul air chamber above. The fire burns constantly night and day, from the beginning to the end of the year. The flame was well sustained by this mode of admitting the air, and I felt the current distinctly on my head. The rooms are heated in the winter by hot-water pipes. I visited patients in their wards, and found every thing in as perfect order as it seemed possible for it to be. At times these rooms, one or more, are insulated, because of some occurrence, and are left empty for a month or more.

Now what is the result of all this provision for health, in a public institution, and for the poor? You look at, walk through this immense house, and you see every where evidences of the labor for health which is constantly in operation within its walls. The purity of the air, the order, the universal cleanliness, the healthful appearance, of the sick and of those who look for delivery. Then as to final results. These tell the same story. There have been no cases of puerperal fever since these arrangements for preventing it were made. The experiment has now lasted between three and four years. Before its institution, fever was scarcely ever absent; and the mortality was as great as ever attends this disease in lying-in hospitals. It may be said the fever was never absent. This method of ventilation is that of Reid, with such modifications as circumstances may demand. It may be said that more time is required before these methods for prevention can be considered as established. The distinguished physician of the Copenhagen Maternité, Dr. Lever (if I have correctly spelled his name), will try it until all questions concerning it are settled. I would here express my sincere thanks for the uniform kindness and courtesy of its physician.

At Vienna I had the pleasure to become acquainted with Dr. Arneth, and was introduced by him to Dr. Brown, the resident physician of the Maternité department of the Vienna Hospital. This is an immense establishment, well situated in regard to air, and has extensive grounds and parks for the use of convalescents, and of such incurables as are able

to leave the wards. Some idea may be got of the extent of the midwifery department, when I state that I was told that as many as between thirty and forty women had been delivered in it in one day. There is a male and female class of pupils here, and they have distinct parts of the house allotted to each. Puerperal fever is a frequent and fatal disease in the Vienna Hospital.

I was very desirous to learn how far ventilation, and insulation of wards and patients, were attended to here. These, it would seem by the answers obtained to my questions, had been but little regarded. Insulation had engaged no attention; and I was distinctly told that in wards in which ventilation and cleanliness had been most attended to, puerperal fever had most frequently occurred. I had examined with much interest a maternité in St. Petersburg. Nothing can exceed the care taken to prevent disease, and the success is perfect. In Copenhagen the frequent occurrence of puerperal fever in the large lying-in hospital in that city led to the efforts already described to prevent its appearance there, and with entire success. In the Vienna hospital no such care is taken, and it would appear that none is thought necessary. Puerperal fever is in that hospital constantly, and is very fatal. I gave an account in Vienna of what I had seen in Copenhagen, and was told that Reid's method had been tried in the Westminster Lying-in Hospital, London, and had been abandoned on account of the expense, the trouble attending its use, or its failure. It was my purpose to have visited that establishment on my return to London, but failed to do so. I cannot but express the belief that the experience in Denmark and in Russia of the beneficial results of the preventive means employed in each, made a very strong case in favor of their use elsewhere. Much labor and some expense are and must be involved in such arrangements for the health of puerperal women. But were it not unnecessary, how easily might it be shown that this class of patients have the strongest claims to the best regard of communities and of individuals. Especially should they be spared the hazard of death after an ordinarily most safe function, by being placed within the easy, almost necessary reach of a most malignant disease.

I visited the lying-in rooms while cases were in progress or just completed in each, namely, the one attended by general medical students, and the midwifery class of women. They presented busy scenes, I assure you. Here were women in labor, in its various stages. Here women just delivered. The children had special care. There was no want of water. A large tub was placed on a table half full or more of water, and the new-born was well immersed in it, screaming and struggling for dear life. I believe it is Dewees who dwells strongly on the benefit of crying to new-born children. I think the Austrian children must be specially strong in the lungs. The medical students, or some of them, were at a table writing, making notes probably of the cases just finished in their ward. Everything had a business air, and it was evident that here was a place in which intellectual and physical activity was the order of day and night, of all day. The question arose if such an amount of work, such exhaustless variety of cases, might not produce

hurry and confusion in what was constantly in hand, and give rise to intellectual habits perhaps less favorable to the prosecution of more confined, and limited, professional interests, than might a narrower range of observation. In the midst and pressure of so many observations, such crowds of facts, may not thought be interfered with, and the senses more occupied than the mind? If there be truth in the affirmative of such question, then the inference might be that there was some chance that superficial knowledge might come to occupy the place of more substantial learning. Against such chance, however, the student may always guard himself.

Another question occurred to me in this late visit to Europe. It was if it would not be better to visit foreign countries, and mainly for professional purposes, some years, say ten or fifteen, after beginning practice at home. My first visit to Europe was made after getting my degree, and after a not very long, but very fruitless exercise of that patience, which in the young physician "hopeth all things." I was gone between one and two years. I was never so fully convinced of the mistake I made in the time of that visit, as during my recent one made forty-two years after the first. I had not then learned my wants. I had not learned how little I had then acquired. The old routine of lectures, &c. was pretty faithfully pursued, with some of its ordinary results. I cannot but think, after my later experience, that half the time then bestowed on foreign travel and study would, at a later period, have been productive of much more advantage to me than was the whole earlier time which was devoted to the same objects.

These questions are put because of the deep interest taken in foreign travel, and because of the questionless advantage which may be taken of it. The most crowded hospitals, and the severest demands upon the time of the student, are both full of the means of most profitable learning. The question is, how shall they accomplish most for him who is placed within their reach and use. As to later travel, some light respecting this may be derived from the practice abroad concerning it. There it is very common for the established physician to travel, as the language is, to take a vacation by visiting distant countries. In this way visits have been made to America, and others are promised, and by men of the highest eminence. At Edinburgh I learned that Retzius, of Sweden, had been for six weeks the present summer in that city, the guest of Prof. Simpson, and with him had besides been to Ireland. This visit had been devoted to science as well as to pleasure, and doubtless with advantage on all hands. Prof. Simpson represented it as a most agreeable and important fact to have such a man his daily companion, and dwelt on the mutual regret with which they parted. These professional holidays may now be easily kept. The voyage to Europe is very short, and at most two months will furnish abundant opportunities for seeing and learning what will be of most profit and pleasure. Then the expense is reduced to the smallest sum; for travellers tell us that they go abroad and pass three months in the most important portions of Europe for about a hundred pounds sterling, or five or six hundred dollars.

EDINBURGH.—I visited here the Insane Asylum. This is an extensive establishment, very large, with abundant accommodations both for

medical treatment, and for in-door and out-door occupations. The inmates seemed perfectly contented with their situation. In my wanderings among them I heard no complaints. Many were at work in shops, as tailors, shoe-makers, &c., and as busily employed as are others in the same business. I was very much struck with this, or with its degree. The industrious workers scarcely looked up from their work as we walked among them. Large numbers were employed on the grounds. The time of harvest had arrived for some products, and the men were quietly and industriously getting them housed. I was told that the health of the inmates was very good, and the recoveries a fair average. Freedom from restraint is practised as perfectly as circumstances permit, and I should think in some regards, is carried farther than elsewhere. Amusements form a part of the system of moral management here, and with great benefit. I need hardly add that the order, neatness, ventilation, library, &c. are worthy of all commendation, and place this establishment among the best in Europe. Since my first visit to Edinburgh great changes in it have been made. The hospital has been re-built, the university finished, and the whole exterior of the city so changed, that it is now one of the most magnificent cities in Europe.

I went to the Hospital with Prof. Simpson, and saw in it many cases of interest. Among the diseases was pelvic abscess, and to which the Prof. has paid much attention. A chronic case exhibiting its gravest symptoms, was here, and was operated upon by Dr. S. He opened the abscess, by the vagina, and a large quantity of very offensive, bloody purulent matter was discharged. The inside of the abscess had in it much shreddy, ragged tissue, showing how extensive was the lesion of this protracted disease. I saw many cases of the same affection in different stages, all manifesting its peculiar symptoms. These are local and general, the first depending on the place in the pelvis occupied by the disease; the second on its severity, and especially on its continuance. In the beginning of the disease and in its progress to suppuration, symptoms of inflammation are present, afterwards those of irritation, with the ordinary signs of hectic. The patient in the hospital exhibited the latter in a striking degree, while in others the inflammatory symptoms predominated. Pelvic abscess has its beginning in the cellular tissue of any part of the pelvis. It may be between the vagina and bones in the transverse or oblique diameters, or in that which connects the reflections of the peritoneum which form the broad ligament. It may be imitated by inflamed and suppurating ovary. Suppose its seat be high in the neighborhood of the Fallopian tube, or near the brim of the pelvis—then the abscess may show itself in the groin, or higher in the abdomen. I have met with cases of this kind following labors in which the discharge has been in the neighborhood of the iliac fossa. Suppose it be lower, which is more frequently the case, we find the tumors there. The causes of this disease are obscure, except it be a sequela of labor. Here its cause is injury sustained during labor. In some cases the lesion goes beyond inflammation, and the death of the part is produced, with sloughing depending on the extent of the injury. The symptoms of pelvic abscess are pain, which is often very severe, and always very distressing, making walk-

ing difficult, especially in the limb corresponding to the side of the pelvis diseased—heat in the vagina—vesical embarrassment—painful defecation. Chills, rigors, throbbings, attend suppuration, as in other like stage of inflammation. The diagnosis is not easy. Local congestion with enlargement of the vessels, a diseased ovary, tumors, and other local troubles, may imitate it. The exploring will be often a useful means of diagnosis. The treatment in the early stages is such as local inflammation commonly requires, and a free discharge of the abscess when formed. I have extended this history further than I intended, for I was much interested in the study of this disease, and cannot but believe it may often exist without being diagnosed. I have known a case of pelvic ulcer extend far into the abdomen, discharge itself in the neighborhood of the groin, and remain open for more than a year, making the condition of the patient as wretched and uncomfortable as possible, in which I believe now the pus might have found a different exit, and recovery very soon have followed it.

It was my great privilege to receive the hospitality of Professor Simpson for some weeks. He gave me daily opportunities for the observation and study of diseases, such as I have never before met with. Some idea of these opportunities may be got from the statement that *ninety* patients were counted in Prof. Simpson's house in one day. The system of attending so many is perfect. The patients are arranged in two long rooms. They draw numbers every day, and are called in the order of these. The time for assembling is about one, and the clinique ends at about six, the dinner hour. The day begins early. Breakfast between eight and nine. The room is more or less full of patients who at this time sometimes call with their physician. They often come before their own breakfast hours, and find places always ready at the Professor's table. Letters and notes are brought in now, and are read, and if need be, answered at table. An aianuanensis writes the answers in short hand if necessary, and afterwards copies them. The carriage is at the door, and the out-door morning service begins. The day's record properly should begin the night before. Upon one occasion, as I was passing in the neighborhood of his chamber, he asked me into his *study*, as he called it. Just over his pillow was a gas burner, and by the head of his bedstead a "what not," with books. "Here," said he, "is my study. Here I read and write papers for the Medical Journal, of which I am an editor, and in this way, and in patient's houses, I do my principal writing." He is of course often called out at night; and again and again have I known him to come from a whole night's visit to his breakfast table, thence to begin the work of another day. The first night I passed in Edinburgh, Prof. S. took me with him to visit a case of difficult labor, and we did not get home till after midnight. I felt a little tired, for I had driven that whole day and preceding night, and without stop, from London to Edinburgh, some three or four hundred miles, and thought a bed would be a welcome accident. It is literally true, that the very night before I left Edinburgh for Liverpool, for the steamer, I was visiting in the country a patient, with Prof. S., until after midnight. He was called out again after his return, and did not come home till six next morning, just

in time for an early breakfast with me, and to accompany me to the station of the early train.

Why this record of the professional life of a physician from whom I received attentions which I can never forget? Because of the impression it made upon me. I saw in this, and kindred minds here, the same intense intellectual and physical vitality which I observed every where in Europe. It was my privilege to become acquainted with, in Edinburgh, and enjoy the hospitality of Professor Sharpey, of the London University, of Professors Syne, Christison and Simpson, of the Edinburgh—with Drs. Alison and Scott, with Messrs. Newbigging, Gordis, and others, and I say that wherever and with whomsoever I was near enough to observe intellectual life in action, I was perpetually struck with its force and with its products. Go where you may, whether to Great Britain or to the Continent, and on every hand is the same evidence of power in its results. Art and science, literature in all its kinds, declare themselves in magnificent works, for admiration and for culture. The mind, one's own mind, feels itself at home, in its true home, in the society of living men—of immortal works, or in present works destined for immortality; and it acknowledges, and gratefully too, that it has been helped and delighted with every new revelation of human power, in the observation of every-day and permanent discoveries.

[To be continued.]

ON A NEW FACT RELATIVE TO THE PHYSIOLOGY OF THE SPINAL CORD

BY E. BROWN-SEQUARD, M. D., OF PARIS.

[Communicated for the Boston Medical and Surgical Journal.]

IT is well known that the posterior columns of the spinal cord are exceedingly sensible, and that they appear to be the only sensible part of this nervous centre. I have found recently that the transmission of the impressions made on these posterior columns, instead of being only operated in a strait forward direction, *i. e.*, from the different parts of these columns towards the encephalon, takes place also in the opposite direction towards the gray matter, by which the propagation to the encephalon is performed.

Although, without figures, it will be very difficult to understand what I have to expose, I hope it will not be impossible.

I have proved, by experiments on many species of animals, that, after a complete transversal division of the posterior columns of the spinal cord, a puncture, or even a slighter mechanical excitation, made on the part of those posterior columns separated from the brain, is sufficient to give pain.

My experiments have also proved that the sensiferous fibres contained in the posterior columns enter the gray matter, and that the transmission of impressions in the spinal cord is operated by the central part of the gray matter. The new fact I have recently discovered appears to prove that there are fibres in the posterior columns, which, before entering the

gray matter, are directed backwards in these columns. I have been led to this opinion by the following experiment.

A very sharp bistoury is introduced between the posterior and the anterior parts of the spinal cord, so as to separate the two posterior columns from the gray matter and the antero-lateral columns. The fragment of the posterior columns, which is then separated from the anterior parts of the cord, in most of my experiments, was about two inches long, in rabbits and guinea-pigs, and three inches long in dogs. This fragment was in continuity by two extremities with the spinal cord, one of which, being the nearest to the head of the animal, I will call cephalic extremity; and the other being nearest to the coccyx, I will call coccygeal extremity.

Now if I divide transversely that fragment, at the point where its cephalic extremity is united with the spinal cord, the continuity between that fragment and the spinal marrow will only be established by the coccygeal extremity.

These preparations having been made, if I excite, even by a slight compression, the cephalic extremity of that fragment, the animal cries and agitates itself violently, which proves that it has felt pain. It results from this fact that there are fibres, in that fragment of the posterior columns, transmitting the impressions made on the cephalic extremity towards the other extremity, *i. e.*, backwards.

Therefore, the posterior columns are not exclusively composed of fibres transmitting impressions upwards or forwards, and they contain also many fibres in which transmission is made in the opposite direction.

I could not say what is the relative quantity of these two different sets of sensiferous fibres, *i. e.*, those which transmit forwards and those which transmit backwards, but the following experiment appears to prove that these last fibres are more numerous than the others.

If, after the separation of a fragment of the posterior columns from the anterior parts of the spinal cord, instead of dividing the cephalic extremity, I divide the coccygeal extremity, I find that the pain produced by an excitation of this coccygeal extremity appears to be less considerable than the pain produced in the other experiment where the excitation is made on the cephalic extremity.

Although many investigations have been made as regards the intimate structure of the spinal cord, and although I consider as very important the researches of Stilling, Eigenbrodt, Kölliker and Lockhart Clarke, I believe that much is to be known as to the disposition of nerve-fibres in the spinal cord. I think that it is not decided whether the fibres existing in the posterior columns are merely longitudinal commissural fibres, or if they are partly or entirely fibres coming from the posterior roots of nerves.

The experiments above related do not elucidate that question, but they appear to prove that many of the fibres existing in the posterior columns, are directed backwards.

As it is demonstrated that the gray matter of the spinal cord is a part by which impressions have to pass to be transmitted to the sensorium, it results that the fibres of the posterior columns in which transmission is made backwards, are somewhat recurrent fibres. Very likely they, at first, go backwards, then enter the gray matter, where they unite them-

selves with the cells of that gray substance, and finally they are directed forwards from one cell to another.

It appears, therefore, that there are recurrent fibres in the posterior parts of the spinal cord.

Boston, Nov. 12, 1852.

AMPUTATION AND PUNCTURE OF EXPOSED DENTAL NERVES.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR.—Having made my first *public* communication touching the discovery and experiments by me in regard to the treatment of exposed dental nerves, through the pages of the Boston Medical and Surgical Journal, and having been informed, from a highly-responsible source, that the friends of Dr. Hullihen charge me with an intention to claim priority, or, as they say, practise "gross piracy upon him," for not having mentioned his name in connection with the subject, inasmuch as I had heard that he had made a *similar* discovery, I herewith forward you documentary proof from persons of respectability and eminence in the legal, medical and dental professions, such as must satisfy any unprejudiced mind, that the discovery, and the operations growing out of it, as detailed in the Journal for Oct. 20th, *originated* with me.

It would not be "gross piracy" upon Dr. Hullihen, only, to surreptitiously wrest from him the honor of an important discovery, but a "gross imposition" upon this Journal, to palm on the public, through its pages, as my own, what rightfully belongs to another. Being aware that a dental journal is a more suitable organ in which to discuss at length a matter of this kind, although not entirely uninteresting to the medical profession in a physiological point of view, I do not propose or desire you to publish the testimony herewith offered in my favor, to the exclusion of matter of greater interest and more intimately connected with the practice of medicine, as it will be given through another channel at a proper time. Although I heard that a paper was read on the treatment of exposed dental nerves before the American Society of Dentists at their annual meeting held at Newport in August last, I had not the pleasure of hearing it, being detained by the severe illness of my wife, which prevented my arrival at Newport till after the meeting had adjourned; nor could I have made the paper, above referred to, the basis of my article, as it was not published, or did not reach me until after mine was written. And besides, it will be seen on examination of Dr. Hullihen's paper, that my experiments vary from his, in that he gives no account of amputating the nerve, removing the pulp, nor of having employed the operation in cases where the nerves are *not* exposed, as detailed in my paper, on the 246th page of the Journal. With no desire to engage in an angry controversy as to *priority* of discovery, I am ready to compare well-attested dates, &c. as to the times *when* and the persons to *whom* I made known the secret, and to show *by unimpeachable* evidence that this subject was brought before the American Society of Dental Surgeons at their annual meeting in Philadelphia, in August (the 6th), 1851—*one year in*

advance of Dr. Hullihen—by Dr. Bridges, of Brooklyn, N. Y., in his remarks on the treatment of exposed dental nerves, found on the 194th page (badly reported) of the "Dental News Letter," Vol. v., No. 1. By the accompanying letter from Dr. B., it will be seen that I am the "friend" alluded to at that time, from whom he derived his information "in the early part of the year 1851." The subject on that occasion, being new to every member present (save Dr. B.), was treated as a visionary, impracticable mode of treatment, and excited little or no attention.

An examination of the "documents" referred to in last week's Journal (Nov. 3d), shows that, "in the year 1848" Dr. Hullihen *intimated* to Dr. Cone "that he was engaged in making some experiments and observations in relation to this feature of dental practice"; but did not inform him, nor any one else, it would seem, what those experiments and observations *were*, until "during the winters (winter?) of 1850-51," previous to which time I had deposited a written description of the operation instituted by me, with my legal adviser in Boston, N. S. Dow, Esq.—had communicated the *modus operandi* to Drs. Flagg and Eastham, dentists of Boston; to Dr. S. Tracy, physician, of Worcester, now of Windsor, Vt.; and to Dr. J. W. Smith, of Northampton, now Bridges & Smith, dentists, Brooklyn, N. Y., five in all, before Dr. Hullihen had divulged his secret to *any one*. I am, therefore, relieved by Dr. Hullihen himself from the possibility of having derived any information from him on the subject, from the fact that he *suppressed* it even from his confidential friend, Dr. Cone, till "during the winters of 1850-51." It must be apparent, then, to every unbiased reader, that what I have written and said upon the subject, has been without any knowledge that he was pursuing a similar course.

Very respectfully,

S. P. MILLER.

Worcester, Mass., Nov. 5, 1852.

Dear Sir,—Inasmuch as my article, dated Nov. 5th, is not yet published, and having seen in to-day's Journal a note from Dr. Cone, requesting you to publish his manuscript read before the American Society of Dental Surgeons, August, 1852, in which he says that my article is calculated to convey an "incorrect impression" to your readers, "both as regards the history and character of an important operation in dental surgery," allow me, in connection with the foregoing, to say that it is not my intention to convey an "*impression*" of *any kind*, but to *state facts*—to give a *true history* of the operation as original and practised by me—to convey no "*impression*" as to its character, but to say, from intimate acquaintance of two and a half years, that it is destined to supersede, almost entirely, all other methods of treating exposed nerves heretofore in use. I do not clearly understand what Dr. Cone means by saying that I convey an "incorrect impression" as to its character, when the method of operating and the results of Dr. Hullihen and myself so nearly agree. Will Dr. C. explain himself in some one of the dental Journals?

If I have instituted a greater variety of experiments, or have extended my researches farther than anything yet published by Dr. H. or his con-

fidant, Dr. Cone, with equally satisfactory results, showing more fully the amplitude of the operation, in what way does it militate against, or "convey an incorrect impression" as to its *real character* to the extent practised by Dr. Hullihen? We shall look to Dr. C. for a solution of the problem, in his usually clear and forcible style.

Worcester, Mass., Nov. 10, 1852.

S. P. MILLER.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 17, 1852.

Dr. Brown-Séguard's Lectures.—It will be seen, by reference to our advertising page, that Dr. Brown-Séguard, of Paris, proposes to deliver in this city a course of lectures upon subjects connected with experimental physiology. Dr. Séguard is well known in the scientific world, as one of the most eminent living experimental physiologists. He is a Laureate of the Academy of Sciences of Paris, and was formerly Secretary of the *Société Philomathique*, and of the *Société de Biologie* of that city. Although comparatively a young man, he has devoted ten years of unremitting labor to examinations of the functions of the different organs, especially of the spinal marrow and nervous system, the eye, heart, &c., and has largely enriched this part of science. We understand that his lectures will demonstrate points especially connected with his own discoveries, which will be illustrated by numerous experiments upon living animals, and we are led to believe that they will be of great interest to physicians by their immediate application to the phenomena of disease. The appreciation which the fame and labors of Dr. Séguard have secured to him in this city, is being manifested in the active interest which some of our well-known physicians are taking in his forth-coming lectures. A large committee has been appointed to co-operate with him in reference to this end, of whom tickets may be obtained, and we recommend to medical gentlemen, both in Boston and its vicinity, to attend, as far as their time permits, this novel and instructive course. Our attention has been directed to the following notice in the *New York Tribune*.

"At a meeting of the Students of the Medical Department of the University of New York, held Oct. 18, 1852, the following preamble and resolutions were unanimously adopted:

Whereas, The successful practice of the 'Healing Art' imperatively demands a knowledge of the functions of the various organs of the animal economy, which branch of medical knowledge has been too much neglected, but is now justly engaging the attention of, and becoming properly appreciated by the Profession; and, *Whereas*, Dr. Brown-Séguard, of Paris, in his experiments and investigations for the advancement of Physiological science, has arrived at conclusions, and rendered truths demonstrable, which have been heretofore unknown or conjectural—Therefore,

Resolved, That Dr. Séguard is entitled to the commendation of the Medical Profession, and merits their approbation; and further,

Resolved, That we hereby tender him our sincere and heartfelt thanks, as an humble testimonial of our appreciation of his instructive and interesting series of Lectures before the class.

Resolved, That while our thanks are eminently due to Dr. Séquard, they are no less due to the Faculty of the University for his introduction to the class, as well as for their untiring efforts in sustaining in an able and superior manner the past summer's course of Lectures.

Resolved, That we hereby tender them our most hearty thanks.

Dental Literature.—A further examination of the treatise on Dental Medicine, referred to in the last Journal, has led to some reflections upon the amount of literary labor which has been exhibited by the practitioners of that art in the United States. While progressing in their manual operations, in the performance of which new principles have been developed and ingenious processes devised for remedying what nature refuses to repair, the American dentists have maintained several periodicals, abounding in papers of a superior order, and generally practically useful to the craft. Notwithstanding the fact that their Journals, in the form of monthlies and quarterlies, are beginning to be somewhat numerous, they still abound with original matter, and they borrow less from each other than most others in the service of any of the liberal professions. But this is not all;—books, those of a sterling value, emanating from the same class of gentlemen, are already augmenting to a surprising degree, in which physiological researches, pathological discourses, and exact anatomical investigations, are constantly accumulating. How is it in Europe? Are there Dental Journals there, and have volumes been multiplied by dentists of the old world, to the extent of what has been accomplished in America? We think not; and the country has abundant reason for being proud of these scientific dentists, who cannot be excelled in manufacturing or imitating the best specimens of nature. And with respect to the literature of their appropriate sphere, it will be a difficult matter for their transatlantic brethren to overtake them, however unwilling they may be to receive suggestions or instruction from the United States.

These observations have not been made without proper deliberation;—on the contrary, years of familiarity with the American dental serials, with their voluminous treatises, and their proverbial skill in the use of instruments, demands that this acknowledgment of what the dental profession have accomplished by their steady, united, persevering efforts, should be publicly expressed, without stint or hesitation.

Ophthalmic Hospital at Canton.—Some of the readers of this Journal may recollect that T. R. Colledge, M.D., from China, visited Boston some years since, for the purpose of collecting funds for maintaining a missionary hospital at Canton, for the treatment of the blind. How much he obtained is unknown to us. The mercantile interest was consulted, and as customary with Boston merchants, who never allow charitable institutions to suffer for want of funds, when the object meets their approval, it is presumed something worth coming for was obtained by the benevolent gentleman who projected the ophthalmic hospital, of which he is president. Without any needless history of its small beginnings, or lack of means, the usual lamentation of an annual report, the present pecuniary condition is substantially as follows:—At the close of December last, there were in the treasury \$2,880 13. In 1851, \$842 were received from various sources; while the current expenses were \$1,021 22, besides \$150 expended at Ningpo by Dr. Macgowan, who treated 7856 patients in the year—one

half being ophthalmic cases. At Canton the number of patients in 1850 and '51, was 42,528. Dr. Peter Parker, the bold and successful American surgeon, is the life and soul of the Canton charity. According to the book before us, he cuts and carves the Celestials with the most perfect nonchalance, and they bear it with the quiescence of so many oysters. But he cures them of terrible maladies, and they extend his fame throughout the Chinese universe—that is, up to Pekin, the centre of the earth. Lithographic plates accompany the report, with illustrations of the size and appearance of calculi extracted by him, while the long-queued people were under the benign influence of chloroform. Monstrous tumors have been excised by him—with a success not exceeded among his countrymen at home. Feb. 17th, 1850, Sic Kienhang, from the province of Kwangsi, had a glandular tumor of seven year's growth on his face, *two feet and a half in circumference*, which was taken off, and his life was saved. Next, a copper fork, three and a quarter inches long, was extracted from Mr. Chau Sin's urethra, points first! A strange place to put a fork, but it was introduced by a native doctor to overcome a stricture, and dropped in beyond his reach. There are other cases detailed, even more extraordinary, some of which we propose copying by way of showing to what singular morbid conditions the human body is incident in that anomalous empire, whose ruler is first cousin to the moon.

National Pharmaceutical Convention.—On the 6th of October, a large and respectable body of gentlemen, representing different colleges of pharmacy in various States, met in Philadelphia to deliberate upon the interests of those who are engaged in the sale of drugs and chemicals. One of the first objects contemplated in the call of the convention, was in reference to "the improvement of the standard of practice throughout the country." An education is insisted on, as the first great object, in regularly-constituted schools of pharmacy. They are right in their views. It is quite as necessary that druggists and apothecaries should be thoroughly instructed in their business, by competent teachers, as that physicians should pass through a course of study. We hardly have a right to glean the best part of the report, without going into a detailed account of each sitting, which could not very conveniently be done. Those who have the respectability of the fraternity at heart, are among the most able and excellent citizens of the several cities in which they reside, which is an indication of the success that will follow.

New York Dental College.—A correspondent reminds us of the good prospects of the new institution, which is essentially due to the reputation of the faculty, who are men of industry, tact, and learned in their several departments. Dr. Wescott was formerly a professor in the Baltimore Dental College; Dr. La Force held a chair at Castleton; Dr. Parry every body knows to be a gentleman of eminence in his profession, in the city of New York; and Dr. Shipman, a well-known surgical operator, and formerly professor of surgery in the Indiana Medical College, is equal to any position he may be prevailed upon to assume. For the purpose of directing dental students, showing also what may be expected from a college where such qualifications are concentrated, we have written what should have appeared much earlier.

Recipe for Canker. To the Editor.—Sir,—The following is a formula for a remedy much celebrated in the easterly part of this State, for cancrum oris, known by the name of Dr. Sanborn's canker drops. Dr. S. used them with much confidence in their curative powers during a practice of nearly sixty years. R. Molasses, 3 ij.; proof spirit (St. Croix), 3 ij.; oleum juniperi, 3 ij.; oleum terbin. rect., 3 iv.; oleum caryophylli aromat., 3 j.; carb. potassæ, 3 j. Mix the oils with the saleratus, then add the spirits and molasses. Dose for an adult one or two drachms—to be diluted for small children with molasses.

Newport, N. H., Nov. 1852.

Boylston Medical Society.—At a meeting of the Boylston Medical Society, the following officers were chosen for the ensuing year. Samuel Cabot, M.D., President; Horatio R. Storer, Vice President; Nathan P. Rice, Secretary.

Death of Dr. Drake.—We notice by the newspapers the death of Dr. Drake, in Cincinnati. No particulars have been received. Dr. Daniel Drake has long been one of the most distinguished of our western physicians, if not at the very head of them, and his death will leave a space which will long remain vacant.

A correspondent suggests that the Students in attendance at the Massachusetts Medical College in this city, adopt measures to join in the public obsequies of Daniel Webster, on the 31st inst. We think the suggestion a good one, and hope it will lead to some movement by the class.

Medical Miscellany.—Dr. Bigelow's opening lecture for the medical season in Boston, is represented to have been a very able and instructive production.—Francis Bancroft lately died at Schoharie, N. Y., aged 102. His father at 105 and his mother at 102 once rode the same horse together, two miles. The family has been distinguished for its longevity.—No. 8, vol. i., of the New Series of the Quarterly Summary of the Transactions of the College of Physicians, Philadelphia, has been distributed.—Messrs. S. S. & W. Wood, 261 Pearl street, New York, have an immense collection of valuable medical books. Their new catalogue indicates a commendable enterprise.—Mary Burr, the last full-blooded Indian of the Punkapoag tribe, died at Canton, Mass., a few days since, aged 101 years. She had a sister who lived to be 101 years and one month old, and another who died at 99.

To Correspondents.—Communications are on file from Drs. Ziegler, Haskell, Leigh and Parks, and H. A. H.

MARRIED.—In Waterville, Me., Nov. 8th, Dr. N. R. Boutelle, to Miss Mary Keely.

Deaths in Boston—for the week ending Saturday noon, Nov. 13, 76—Males, 41—females, 35. Accidental, 3—apoplexy, 1—bronchitis, 1—consumption, 14—convulsions, 5—croup, 1—dysentery, 3—dropsy, 1—dropsy in the head, 2—infantile diseases, 7—erysipelas, 1—fever, 2—typhus fever, 2—typhoid fever, 2—scarlet fever, 10—disease of heart, 4—disease of kidneys, 1—congestion of lungs, 1—disease of liver, 1—marasmus, 3—malformation, 1—measles, 1—old age, 3—serofula, 1—teething, 2—thrush, 1—tumor, 1—unknown, 1.

Under 5 years, 36—between 5 and 20 years, 5—between 20 and 40 years, 23—between 40 and 60 years, 4—over 60 years, 8. Americans, 34; foreigners and children of foreigners, 42. The above includes 8 deaths at the City Institutions.

Method of Remedyng Accidents caused by Chloroform.—A letter from M. Ricord was published in the *Journal de Chimie* in January, 1850, in which he describes a simple method practised by him in cases of serious effects from the use of chloroform. He gives the particulars of two cases in which the method was successful. These we copy from the *London Lancet*.

“CASE 1.—The patient who furnishes the subject of my first case, was a woman of about twenty-six, from whom I was about to remove some growths of no great size. She was previously chloroformed, to which she only submitted after repeated entreaties, for she appeared to be excessively timid.

“The anaesthetic effect of the chloroform was very rapid, for after a few respirations she appeared asleep; the sponge was removed, and I commenced excising the growths, but had scarcely given two or three cuts, when one of my assistant surgeons told me that the pulse appeared to be failing. I now saw, in fact, that the beating of the heart was suspended, that all respiratory movements had ceased, and that the lips were livid, and hung down. The limbs were completely relaxed, and the paleness of the face showed that the patient was in that state of syncope which is the herald of death. All the remedies indicated in such a case were forthwith employed, as cold currents of air, sprinkling cold water on the face, tickling the nostrils, &c. Artificial respiration, by pressure on the walls of the chest, was tried.

“The syncope continued, and death seemed close at hand. I began to be uneasy, and determined to try direct insufflation. I applied my mouth to that of the patient. After some inspirations the dying woman gave a sigh, her chest heaved, the face resumed its normal color, the heart and pulse commenced beating in an appreciable manner, and the eyes opened; respiration had again brought into play all the functions of life, and the return of sensation was evidenced by a smile. The patient was saved, and we escaped with the fright.

“CASE 2.—The second time that I experienced the dangers of chloroform was with a patient under my care in the Southern Hospital (*Hopital du Midi*). He was a young man whose case required circumcision. As this operation is generally painful enough, he asked me to send him to sleep with the chloroform. A sponge impregnated with it was given him to respire from: the action was very rapid, without any appearance of preceding excitement, and the patient was soon plunged in total insensibility. I performed the operation, but when it was concluded, the patient did not recover his consciousness, and remained in a state of alarming stillness. The pulse gradually sank; the heart ceased to beat; all the sphincters were relaxed, and his cadaverous face seemed to testify that death was near.

“All the means I have indicated in the preceding case were tried, but without avail, and it became necessary to have recourse to insufflation, which had already so well succeeded in one case. Success crowned my efforts, and the patient recovered.”

Medical Fees in Spain.—The fee of a Spanish physician at present is said to be twopence from a tradesman, tenpence from a man of rank, and nothing from the poor. In France the fee from a tradesman is from three to five francs; from a man of rank and wealth, much higher.